

## NIH-DC Initiative to Reduce Infant Mortality

### Barriers, Motivators and Facilities of Prenatal Care Utilization in Washington, D.C.

#### Interview for Postpartum Women

##### Introduction

Okay, now I'm going to ask you a number of questions about your personal history, your pregnancy history, your beliefs about prenatal care, and your feelings about the prenatal care system in the District. Please try to give frank and complete answers to each of the questions you will be asked.

**SUBJECT ID NUMBER:**

**LABEL**

**DATE OF INTERVIEW:**

--	--

**MONTH**

--	--

**DAY**

--	--

**YEAR**

**INTERVIEWER ID NUMBER:**

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**SPECIFY INTERVIEW SITE NAME:** \_\_\_\_\_

**CIRCLE THE APPROPRIATE CLASSIFICATION:**

PUBLIC HOSPITAL ..... 1

PRIVATE HOSPITAL ..... 2

OTHER LOCATION ..... 3

\_\_\_\_\_  
**(SPECIFY)**

**PART A. RESIDENCE INFORMATION**

I would like to begin by asking you some questions about where you have lived.

A1. Where were you born?

\_\_\_\_\_  
CITY COUNTY STATE COUNTRY

IF OUTSIDE USA, RECORD COUNTRY CODE \_\_\_\_ \_ .

A2. Have you ever lived in any other country besides the United States?

YES.....1

NO.....2

6

SKIP TO Q. A4

A3. In what other country have you lived?

(LIST ALL OTHER COUNTRIES)

\_\_\_\_\_ COUNTRY CODE: \_\_\_\_ \_

\_\_\_\_\_ COUNTRY CODE: \_\_\_\_ \_

\_\_\_\_\_ COUNTRY CODE: \_\_\_\_ \_

\_\_\_\_\_ COUNTRY CODE: \_\_\_\_ \_

\_\_\_\_\_ COUNTRY CODE: \_\_\_\_ \_

A4. Have you ever lived in any other part of the United States besides D.C.?

YES.....1

NO.....2

6

SKIP TO Q. A6

A5. In what states have you lived?

(LIST ALL OTHER STATES)

\_\_\_\_\_  
\_\_\_\_\_

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A6. How long have you lived in the United States altogether?

\_\_ \_\_ YEARS

AND \_\_ \_\_ MONTHS

AND \_\_ \_\_ WEEKS

OR 97.....ALL MY LIFE

A7. How long have you lived at your current address?

\_\_ \_\_ YEARS

AND \_\_ \_\_ MONTHS

AND \_\_ \_\_ WEEKS

OR 7 7 HOMELESS

A8. Have you ever lived in any other part (section) of D.C.?

YES.....1

NO.....2

6

SKIP TO Q. A10

A9. In what other part of the city have you lived? Have you lived in...

	<u>YES</u>	<u>NO</u>
a. Northeast?	1	2
b. Northwest?	1	2
c. Southeast?	1	2
d. Southwest?	1	2

A10. How long have you lived in the District of Columbia altogether?

\_\_ \_\_ YEARS

AND    \_\_\_    \_\_\_    MONTHS

AND    \_\_\_    \_\_\_    WEEKS

OR    97.....ALL MY LIFE

A11.   Where was your mother born?

_____	_____	_____	_____
CITY	COUNTY	STATE	COUNTRY

IF OUTSIDE USA, RECORD COUNTRY CODE   \_\_\_   \_\_\_   \_\_\_   \_\_\_   \_\_\_ .

A12.   Where was your father born?

_____	_____	_____	_____
CITY	COUNTY	STATE	COUNTRY

IF OUTSIDE USA, RECORD COUNTRY CODE   \_\_\_   \_\_\_   \_\_\_   \_\_\_   \_\_\_ .

A13.   What language are you **most** comfortable speaking?  
(CIRCLE ONE)

ENGLISH.....1  
SPANISH .....2  
FRENCH .....3  
OTHER .....4

\_\_\_\_\_  
(SPECIFY)

A14.   Do you speak any other languages?

YES.....1

NO.....2

A14A.   What other languages do you speak?  
(CIRCLE ALL THAT APPLY)

ENGLISH.....1  
SPANISH .....2

FRENCH .....3  
OTHER.....4

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**( SPECIFY )**

A15. Are you of Spanish, Latino, or Hispanic origin?

YES.....1

NO.....2

A16. What is your race or ethnic group? Are you...  
**( CIRCLE ONE )**

Black/African American.....1

Asian/Pacific Islander.....2

White.....3

Alaskan Native/American Indian.....4

Other.....5

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**( SPECIFY )**

**PART B. MOST RECENT PREGNANCY INFORMATION**

Now, I will ask you some questions about your most recent pregnancy, the one that just ended, and the prenatal care you received.

B1. When was your last menstrual period prior to your pregnancy?  
(CIRCLE WEEK AND RECORD THE MONTH AND YEAR)

1st/ 2nd/ 3rd/ 4th WEEK of \_\_\_\_ \_\_\_\_  
MONTH YEAR

DON'T KNOW WEEK.....98

DON'T KNOW MONTH.....98

B2. What was your due date?

\_\_\_\_ \_\_\_\_ and \_\_\_\_ \_\_\_\_ and \_\_\_\_ \_\_\_\_  
MONTH DAY YEAR (e.g. February 23rd, 1997 = 02 and  
23 and 1997; DON'T KNOW CODES = 98  
AND 9998)

B3. What made you think you were pregnant?  
(CIRCLE ALL THAT APPLY)

MISSED PERIOD .....01

FELT SICK/UPSET STOMACH.....02

INTUITION/HAD A FEELING.....03

FELT BABY MOVE .....04

SAW SPOTTING.....05

FELT BLOATED.....06

TENDER BREASTS.....07

FELT TIRED.....08

NEEDED TO URINATE OFTEN.....09

OTHER.....10

\_\_\_\_\_  
(SPECIFY)

B4. Did you go to a doctor, clinic or hospital to make sure you were pregnant?

YES.....1

NO.....2

6

SKIP TO Q. B7

B5. Where did you go to make sure you were pregnant?

SAME LOCATION AS INTERVIEW.....1

DIFFERENT PLACE.....2

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(SPECIFY)

B6. How many weeks pregnant were you when you had the pregnancy test?

\_\_\_ WEEKS PREGNANT

98...DON'T KNOW

B7. When and where did you go for your first prenatal care visit?

Date

Place (SPECIFY)

\_\_\_ MONTH

\_\_\_ DAY

\_\_\_ Year

DON'T KNOW.....98

B8. Please tell me who you saw during your first prenatal visit. Did you see.....

	Yes	No
a) a doctor?.....	1.....	2.....
b) a midwife?.....	1.....	2.....
c) a nurse?.....	1.....	2.....
d) a physician assistant?.....	1.....	2.....
e) a social worker?.....	1.....	2.....
f) a nutritionist?.....	1.....	2.....
g) any one else?.....	1.....	2.....

if yes, **SPECIFY**

1) \_\_\_\_\_

2) \_\_\_\_\_

B8A. While at your first prenatal visit did you...

a) attend a prenatal class?.....	1.....	2.....
b) attend a child birth class?.....	1.....	2.....
c) see a WIC worker?.....	1.....	2.....
d) see a CSFP worker?..... (Commodity Supplemental Food Program)	1.....	2.....
e) do anything else?.....	1.....	2.....

if yes, **SPECIFY**

1) \_\_\_\_\_

2) \_\_\_\_\_

B9. Did you have difficulty arranging for your **first** prenatal care visit?

YES.....1

NO.....2      **6 SKIP TO B12**



B10. What kind of problems did you have arranging your **first** prenatal care visit?

NO INSURANCE.....1 . . . . .  
NO MONEY.....2  
WAITING FOR MEDICAID.....3 . . . . .  
OTHER.....4 . . . . .

\_\_\_\_\_  
(SPECIFY)

B11. How many days or weeks was it from the time you first contacted the clinic or office **until you were able to make** an appointment?

\_\_\_ \_\_\_ DAYS  
**AND** \_\_\_ \_\_\_ WEEKS  
**AND** \_\_\_ \_\_\_ MONTHS  
**OR** 97..SAME DAY

B12. How many days or weeks was it from the time you made your first prenatal appointment **until the actual day** of your visit?

\_\_\_ \_\_\_ DAYS  
**AND** \_\_\_ \_\_\_ WEEKS  
**AND** \_\_\_ \_\_\_ MONTHS  
**OR** 97..SAME DAY

B13. During your most recent pregnancy, did you receive prenatal care at any facility different from the one you went to for your first prenatal care visit?

YES.....1  
NO.....2      **6**      **SKIP TO B16**

B14. Please tell me the names of **all** the other places where you received prenatal care during your most recent pregnancy.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

B15. Why did you change locations for your prenatal care?

Name of Facility	Reason for Change
1.	1.
2.	2.
3.	3.
4.	4.

B16. How many prenatal visits did you attend during your entire pregnancy?  
(INTERVIEWER PROBE WITH: How many times each month during the pregnancy?)

\_\_\_ VISITS

98.....Don't Know

B17. Did you miss any prenatal appointments?

YES.....1

NO.....2      **6 SKIP TO B23, next page.**

B18. How many appointments did you miss during your entire pregnancy?

\_\_\_ APPOINTMENT(S)

B19. What was the reason you missed the/these appointment(s)?

a) \_\_\_\_\_

b) \_\_\_\_\_

B20. When you missed an appointment did anyone contact you?

YES.....1

NO.....2     **6** SKIP TO B23, next page

B21. How were you contacted? (**CIRCLE ALL THAT APPLY**)

TELEPHONE.....1

MAIL.....2

HOME VISIT.....3

OTHER.....4

\_\_\_\_\_  
(SPECIFY)

B22. What type of worker contacted you?

Job Title: a) \_\_\_\_\_

B23. Did you visit an emergency room during your pregnancy for **any reason** related to your health or pregnancy?

YES.....1

NO.....2     **6** SKIP TO Q. B26

B24. How many times did you go to an emergency room during your pregnancy?

\_\_\_ \_\_\_ TIMES

B25.     **A) Which Emergency Room?**

**B) What was the problem?**  
**(PROBE)**

1.	1.
2.	2.
3.	3.
4.	4.

B26. Were you **admitted** to the hospital during your pregnancy for **any problem related** to your health or your pregnancy?

YES.....1

NO.....2 **6 SKIP TO PART C, PAGE 13**

B27. How many times were you **admitted** to the hospital during your pregnancy?

\_\_\_\_\_ TIMES

B28. A) At Which Hospital Were You Hospitalized?	B) Why Were You Hospitalized?
1.	1.
2.	2.
3.	3.
4.	4.

## PART C. BARRIERS, MOTIVATORS, AND FACILITATORS

C1. I will now read some reasons why some women go for prenatal care. Please tell me whether or not that reason made **you** go for prenatal care during your most recent pregnancy.

*Did you come in for prenatal care.....*

	YES	NO
a) to learn how to protect your health?.....	1	2
b) because you were afraid that you would have problems during the pregnancy without prenatal care? .....	1	2
c) to talk to someone about your pregnancy?.....	1	2
d) to learn better health habits?.....	1	2
e) to learn about labor and delivery?.....	1	2
f) to have a healthy baby?.....	1	2
g) because your family wanted you to go?.	1	2
h) because your husband or boyfriend wanted you to go?.....	1	2
I) because your friends wanted you to go?.....	1	2
j) because your health care or social worker wanted you to go?....	1	2

C2. Are there any other reasons you came in for prenatal care?

YES.....1

**6 PLEASE SPECIFY**

NO.....2

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C3. I am going to read a list of things that women have told us make it easier for them to go for prenatal care. By this we mean both starting prenatal care and keeping prenatal care appointments. Please tell me whether or not each one made it easier for **you** to either start prenatal care or keep your appointments during your most recent pregnancy.

*Was it easier for you to go for prenatal care because.....*

	YES	NO
a) you got a ride to your appointment?.....	1	2
b) you got free transportation?.....	1	2
c) you got help paying for transportation?....	1	2
d) it was easy to get to the appointment using public transportation?.....	1	2
e) a family member or friend provided child care?.....	1	2
f) you got free child care?.....	1	2
g) you got help paying for child care?.....	1	2
h) child care is available <b>near</b> where you had your appointment?.....	1	2
I) child care is available <b>at</b> the facility where you had your appointment?.....	1	2
j) the clinic <b>hours</b> were convenient for you?..	1	2

C4. Are there any other things that made it easier for you to go for prenatal care?

YES.....1

**6 PLEASE SPECIFY**

NO.....2

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C5. The following is a list of things that affect a woman's decision to go for prenatal care. Again, we mean both starting prenatal care and keeping appointments. Please tell me if this reason prevented you from going for prenatal care during your most recent pregnancy.

Did you **not** go for prenatal care because....

	YES	NO
a) you had no money to pay for prenatal care?.....	1	2
b) you had no health insurance?.....	1	2
c) you did not know you could get help paying for prenatal care?.....	1	2
d) you did not know where you could get prenatal care?.....	1	2
e) you could not get an appointment?.....	1	2
f) you had to wait too long to get an appointment?.....	1	2
g) your appointment was canceled by the clinic?.....	1	2
h) you didn't like the attitudes of the staff?.....	1	2
I) the hours at the clinic were not convenient?.....	1	2
j) you didn't think you could communicate with the staff?.....	1	2
k) you had transportation problems?.....	1	2
l) you had child care problems?.....	1	2
m) you could not get time off from work?.....	1	2
n) you had to wait too long in the waiting room to see your health care provider?.....	1	2

C6. Are there any other things that prevented you from going for prenatal care?

YES.....1

**6** PLEASE SPECIFY

NO.....2

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C7. For many women their beliefs regarding prenatal care keep them from going for prenatal care. Please tell me if these reasons prevented you from starting prenatal care or keeping prenatal care appointments during your most recent pregnancy.

*Did you **not** go for prenatal care because....*

	YES	NO
a) you are afraid of or do not like medical tests and examinations?.....	1	2
b) you do not like needles or taking medicine?	1	2
c) generally, you do not like health care workers?.....	1	2
d) you have been dissatisfied with the care you have received in the past?.....	1	2
e) you went to the emergency room when there was a problem?.....	1	2
f) you did not know you were pregnant?.....	1	2
g) you went in late for a pregnancy test?.....	1	2
h) you did not think you needed prenatal care?	1	2
I) you can take care of yourself during pregnancy?.....	1	2
j) you get advice about pregnancy from family and friends?.....	1	2
k) you did not want to be examined by a man?.....	1	2
l) you did not want people to know you were pregnant?.....	1	2
m) the pregnancy was unplanned?.....	1	2
n) you were unhappy about being pregnant?.....	1	2
o) you were thinking of having an abortion?...	1	2

C8. Are there any other things that prevented you from going for prenatal



care?

YES.....1<sup>6</sup> PLEASE SPECIFY: \_\_\_\_\_

NO.....2 \_\_\_\_\_

C9. For many women, stress and personal issues in their lives keep them from going for prenatal care. Please tell me if any of these reasons prevented you from starting prenatal care or from keeping prenatal care appointments during this pregnancy that just ended.

*Did you **not** go for prenatal care because....*

	YES	NO
a) you did not feel well?.....	1	2
b) of family problems?.....	1	2
c) of problems with your husband or boyfriend?.....	1	2
d) you got beat up by your husband or boyfriend?.....	1	2
e) you had been under stress?.....	1	2
f) you were depressed?.....	1	2
g) you did not feel good about yourself?..	1	2
h) of personal problems?.....	1	2
I) you were not thinking straight?.....	1	2
j) you forgot the appointment?.....	1	2
k) you were moving a lot?.....	1	2
l) you were/are homeless?.....	1	2
m) you were afraid of crime near your home or the clinic?.....	1	2
n) you were afraid of being found out by the Immigration and Naturalization Service?.....	1	2

C10. Are there any other things that prevented you from going for prenatal care?

YES.....1

6 PLEASE SPECIFY

NO.....2

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C11. Please look at the **Showcard Number 1** and tell me to what extent do you think the following things would make you go for prenatal care earlier and more regularly?

*How much of a difference would it make if....*

	A LOT	SOME	A LITTLE	NONE
a) you got help with completing forms? Would you say...	1	2	3	4
b) you got incentives - such as gifts or money? Would you say...	1	2	3	4
d) you got rides to the clinic?	1	2	3	4
e) you got child care assistance?	1	2	3	4
f) you had a home visitor?	1	2	3	4
g) the clinic had hours convenient for you?	1	2	3	4
h) you got a call to follow-up on missed appointments?	1	2	3	4
I) the staff were easy to understand?	1	2	3	4
j) the staff were from the same country as you?	1	2	3	4
k) you had financial support?	1	2	3	4
l) you had emotional support?	1	2	3	4

C12. What other things would have made you go for prenatal care earlier and regularly? How much of a difference would it make?

		A LOT	SOME	A LITTLE
a)	_____	1	2	3
b)	_____	1	2	3
c)	_____	1	2	3

C13. Refer again to **Showcard Number 1**. To what extent would the following things make you go for prenatal care earlier and more regularly?

*How much of a **difference** would it make if you were given...*

		A LOT	SOME	A LITTLE	NONE
a)	help with paying for child care? Would you say...	1	2	3	4
b)	help with paying for transportation? Would you say...	1	2	3	4
c)	help with paying for baby supplies?	1	2	3	4
d)	help with paying for food?	1	2	3	4
e)	movie tickets for keeping your appointment?	1	2	3	4
f)	help with paying for drug store items?	1	2	3	4
g)	money for keeping your appointment?	1	2	3	4

C14. What other types or kinds of incentives would make you go for prenatal care earlier and regularly? How much of a difference?

		A LOT	SOME	A LITTLE
a)	_____	1	2	3
b)	_____	1	2	3

c) \_\_\_\_\_ 1 2 3

C15. Were you able to travel easily to your prenatal care appointments?

YES.....1

NO.....2

C16. How did you get to your prenatal appointments?

**(CIRCLE ALL THAT APPLY)**

WALK.....1

BUS.....2

CAR.....3

TAXI.....4

TRAIN/SUBWAY/METRO.....5

OTHER.....6

\_\_\_\_\_  
**(SPECIFY)**

C17. On the average, how long did it take you to travel to your prenatal appointments?

\_\_ \_\_ MINUTES

**AND** \_\_ \_\_ HOURS

**OR** 98 ....DON'T KNOW

C18. On average, how long did you usually have to wait to be seen at the clinic by your health care provider?

\_\_ \_\_ MINUTES

**AND** \_\_ \_\_ HOURS

**OR** 98 .....Don't know

C19. Did you have a home visitor?

YES.....1

NO.....2

6

SKIP TO Q. C22

C20. Did the home visitor help you?

YES.....1

NO.....2

6

SKIP TO Q. C22.

C21. How did the home visitor help you?

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C22. Did any health professional (e.g. doctor, midwife, nurse, social worker, nutritionist) give you advice about not drinking, smoking, or using street drugs?

YES.....1

NO.....2

C23. Did you attend or participate in....

YES NO

a) a prenatal care incentive  
program.....1.....2

b) prenatal classes.....1.....2

c) child birth classes.....1.....2

d) parenting classes.....1.....2

d) other class(es).....1.....2

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(SPECIFY)

**PART D. INFORMATION ABOUT SOCIAL SUPPORT**

Now I will ask you some questions about who was supportive of you during your most recent pregnancy.

- D1. Please look at **Showcard Number 2** and tell me which of the following gave you the **most** important information about your most recent pregnancy?  
(**CIRCLE ONE ONLY- PROBE IF NECESSARY**)

Mother or father.....01  
Grandmother or grandfather.....02  
Sister or brother.....03  
Husband or boyfriend.....04  
Friend.....05  
Doctor.....06  
Midwife.....07  
Nurse.....08  
Social worker.....09  
Nutritionist.....10  
TV.....11  
Radio.....12  
Magazine.....13  
Newspaper.....14  
Other person or thing.....15

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(**SPECIFY**)

- D2. In general, were you encouraged or discouraged to get prenatal care?

ENCOURAGED.....1

DISCOURAGED.....2

NEITHER.....3      **6**      **SKIP TO Q. D4**

- D3. Now look at **Showcard Number 3**, who encouraged/discouraged you the most?  
(**CIRCLE ONE ONLY, PROBE IF NECESSARY**)

Mother or father.....01  
Grandmother or grandfather.....02  
Sister or brother.....03  
Husband or boyfriend.....04  
Friend.....05  
Doctor.....06  
Midwife.....07  
Nurse.....08  
Social worker.....09  
Nutritionist.....10  
Other person.....11

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(SPECIFY)

D4. Did you have anyone to turn to in times of emotional need?

YES.....1

NO.....2 **6** SKIP TO Q. D6

D5. Referring to **Showcard Number 3**, who could you turn to **most** often?  
(CHECK ONE ONLY, PROBE IF NECESSARY)

Mother or father.....01  
Grandmother or grandfather.....02  
Sister or brother.....03  
Husband or boyfriend.....04  
Friend.....05  
Doctor.....06  
Midwife.....07  
Nurse.....08  
Social worker.....09  
Nutritionist.....10  
Other person.....11

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(SPECIFY)

D6. In general, were you satisfied with the prenatal care you received?

YES.....1 **6** SKIP TO Q. D8

NO.....2

D7. Why weren't you satisfied with the prenatal care you received?

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D8. In general, were you satisfied with the prenatal care registration process?

YES.....1 **6** SKIP TO Q. D10

NO.....2

D9. Why weren't you satisfied with the prenatal care registration process?



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D10. Now, please look at **Showcard Number 4**. I will read the titles of some of the people you may have seen during your prenatal visits. Please tell me the word that best describes your feelings about these persons: warm (caring), cold, or neither warm nor cold.

	WARM	COLD	NEITHER	NOT SEEN
a) Doctors.....	1	2	3	4
b) Midwives.....	1	2	3	4
c) Nurses.....	1	2	3	4
d) Social workers.....	1	2	3	4
e) Nutritionists.....	1	2	3	4
f) Receptionists.....	1	2	3	4
g) Lab technicians.....	1	2	3	4
h) Hlth. educators.....	1	2	3	4
I) Substance abuse counselor?.....	1	2	3	4
j) Anyone else?.....	1	2	3	4

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**(SPECIFY)**

D11. Do you have a preference for the race or ethnic group of your doctor?

YES.....1

NO.....2 **6 SKIP TO Q. D13**

D12. What race or ethnic group would you prefer your doctor to be?

BLACK/AFRICAN AMERICAN.....1

HISPANIC/LATINO.....2

ASIAN/PACIFIC ISLANDER.....3

WHITE.....4

OTHER.....5

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**(SPECIFY)**

D13. Do you have a preference for the sex of your doctor?

YES.....1

NO.....2 **6 SKIP TO PART E, next page**

D14. Which sex would you prefer your doctor to be?

MALE.....1

FEMALE.....2

**PART E. REPRODUCTIVE HISTORY**

Now, I'd like to ask you a few questions about your past pregnancy history.

E1. How old were you when you had your first menstrual period?

\_\_\_ \_\_\_ YEARS

OR \_\_\_ \_\_\_ GRADE IN SCHOOL

E2. Was this last pregnancy your first pregnancy?

YES.....1

6

SKIP TO PART F, PAGE 31

NO.....2

E3. How old were you when you became pregnant for the very first time?

\_\_\_ \_\_\_ YEARS OLD AT FIRST PREGNANCY

\*E4. Including your most recent pregnancy, how many times have you been pregnant? Please include all pregnancies, that is all those resulting in live births, stillbirths, abortions or miscarriages.

\_\_\_ \_\_\_ TIMES PREGNANT

\*E5. For all your pregnancies, how many babies have you had born alive?

\_\_\_ \_\_\_ NUMBER OF BABIES BORN ALIVE

00.....NONE

6

SKIP TO Q. E8

E6. Were any of the babies born alive twins, triplets, quadruplets or quintuplets?

YES.....1

NO.....2

6

SKIP TO Q. E8

\*E7. How many sets of twins, triplets, quadruplets or quintuplets have you had?

\_\_\_ TWINS

\_\_\_ TRIPLETS

\_\_\_ QUADRUPLETS

\_\_\_ QUINTUPLETS

E8. Have you had any miscarriages? (Spontaneous delivery of a baby before 20 weeks when the baby is born dead).

YES.....1

NO.....2 **6** SKIP TO Q.E10

\*E9. How many miscarriages have you had?

\_\_\_ \_\_\_ MISCARRIAGES

E10. Have you had any stillbirths? (A baby born dead **after** at least 20 weeks).

YES.....1

NO.....2 **6** SKIP TO Q. E12

\*E11. How many stillbirths have you had?

\_\_\_ \_\_\_ STILLBIRTHS

E12. Have you had any abortions? (A pregnancy ended by a medical procedure).

YES.....1

NO.....2 **6** SKIP TO THE VERIFICATION BOX

\*E13. How many abortions have you had?

\_\_\_ \_\_\_ ABORTIONS

VERIFICATION BOX:

\* \* PLEASE CONFIRM PREGNANCY HISTORY HERE.\*\*

I just need to review the information you just gave me, one minute please.

ENTER RESPONSES TO THE PREVIOUS QUESTIONS MARKED WITH A "\*" :

FIRST, RECORD Q \*E4 \_\_\_\_ \_\_\_\_ . NEXT, RECORD AND THEN ADD:

Q \*E5 \_\_\_\_ \_\_\_\_ + Q \*E9 \_\_\_\_ \_\_\_\_ + Q \*E11 \_\_\_\_ \_\_\_\_ + Q \*E13 \_\_\_\_ \_\_\_\_ = TOTAL: \_\_\_\_ \_\_\_\_

THE TOTAL PLUS 1 SHOULD EQUAL Q\*E4, UNLESS SETS OF TWINS, TRIPLETS, ETC. HAVE BEEN REPORTED. CHECK THE RESPONSE TO QUESTION E7 AND CLARIFY WITH THE RESPONDENT.

[IF Q E5 = 00, SKIP TO QUESTION E21.]

E14. Have any of your children died during their first year of life?

YES.....1

NO.....2

6

SKIP TO Q. E16

E15. How many of your children have died in the first year of life?

\_\_\_\_ \_\_\_\_BABIES HAVE DIED

E16. Have any of your liveborn children weighed less than 5 and a half pounds when they were born?

YES.....1

NO.....2

6

SKIP TO Q. E18

E17. How many of your liveborn children weighed less than 5 and a half pounds when they were born?

\_\_\_\_ \_\_\_\_CHILDREN

E18. Were any of your liveborn children born early (less than 37 weeks gestation)?

YES.....1

NO.....2

6

SKIP TO Q. E20

E19. How many of your liveborn children were born early (at less than 37 weeks)?

\_\_\_ \_\_ CHILDREN

E20. How many of your children are living now?

\_\_\_ \_\_ CHILDREN STILL LIVING

E21. When did your last pregnancy end? Please include all pregnancies, that is, all those resulting in live births, stillbirths, abortions, or miscarriages.

\_\_\_ \_\_ - \_\_\_ \_\_ - \_\_\_ \_\_  
MONTH DAY YEAR

## PART F. INFORMATION ABOUT BEHAVIORAL FACTORS

The next section addresses some of the lifestyle behaviors that pregnant women may participate in. Your honest answers will help us to design appropriate services based on your needs. The questions apply to your most recent pregnancy (the one that just ended).

F1. Please look at **Showcard Number 5** and tell me which of the following statements about smoking and your most recent pregnancy apply to you?

Did not smoke before pregnancy/never smoked .....1  
Quit smoking but not because of pregnancy.....2 **SKIP TO Q. F4**  
Quit smoking because of pregnancy.....3  
Smoked but I cut back because of the pregnancy.....4  
Currently smoke the same as before the pregnancy.....5

F2. How many cigarettes per day did you smoke during your most recent pregnancy? (**PROBE FOR AN EXACT AMOUNT OF CIGARETTES**)

\_\_\_ CIGARETTES PER DAY

F3. Did you not go for prenatal care because you didn't want others to know you were smoking during your pregnancy?

YES.....1

NO.....2

F4. Now please look at **Showcard Number 6**. Which of the following statements about alcohol and your most recent pregnancy apply to you?

Did not drink alcohol before pregnancy/never drank.....1  
Stopped drinking but not because of pregnancy.....2 **SKIP TO Q.F7**  
Stopped drinking because of pregnancy.....3  
Currently drink but I cut down because of the pregnancy..4  
Currently drink the same as before the pregnancy.....5

F5a. About how often on average do you drink any kind of alcoholic beverage? Would you say.....

Daily.....1  
Almost daily 3 to 6 days a week.....2  
1 to 2 days a week.....3  
Several times a month.....4  
Monthly or less but at least once.....5

F5b. About how many drinks do you have on those days when you are drinking?

Usual number of drinks \_\_\_

F6. Did you not go for prenatal care because you didn't want others to know you were drinking during your pregnancy?

YES.....1

NO.....2

The next questions are about any drug use during your most recent pregnancy. Please answer these questions honestly, we will not tell anyone about your answers. We are interested in street drugs, those for which you don't have a prescription.

F7. Please look at **Showcard Number 7**. Which of the following statements about drugs and your last pregnancy apply to you?

Did not use drugs before pregnancy.....1

Stopped using drugs but not because of pregnancy.....2

Stopped using drugs because of pregnancy.....3

**SKIP TO PART  
G, page 34**

Currently use drugs but I cut down

because of the pregnancy.....4

Currently use drugs the same as before pregnancy.....5

F8. Did you use...

F9. How often did you use...

	YES	NO	# OF TMES (DAILY/WEEKLY/MONTHLY)
a) cocaine	1	2	_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
b) crack cocaine	1	2	_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
c) heroin	1	2	_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
d) marijuana (pot, hash)	1	2	_____ DAILY OR _____ WEEKLY OR _____ MONTHLY



	YES	NO	# OF TIMES (DAILY/WEEKLY/MONTHLY)
e) PCP (angel dust, love boat)	1	2	_____ _____ _____ DAILY OR WEEKLY OR MONTHLY
f) methadone	1	2	_____ _____ _____ DAILY OR WEEKLY OR MONTHLY
g) LSD	1	2	_____ _____ _____ DAILY OR WEEKLY OR MONTHLY
h) anything else?			
_____ (SPECIFY)	1	2	_____ _____ _____ DAILY OR WEEKLY OR MONTHLY
_____ (SPECIFY)	1	2	_____ _____ _____ DAILY OR WEEKLY OR MONTHLY

F10. Did you **not** go for prenatal care because you didn't want others to know you were using drugs during your pregnancy?

YES.....1

NO.....2

## SECTION G: SOCIO-DEMOGRAPHIC INFORMATION

I have just a few questions to ask about your background to help us analyze the data correctly.

G1. What is your birth date?

\_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_  
MONTH DAY YEAR

G2. What is your current marital status? Are you:

Currently Married.....1

Divorced.....2

Widowed.....3

Separated.....4

Or have you Never Been Married.....5

G3. Do you currently live with a partner or husband?

YES.....1

NO .....2

G4. How many people (including yourself) live in your household?

\_\_ \_\_

G5. How many of these people are:

adults over 18 years? \_\_ \_\_

children under 5 years? \_\_ \_\_

children aged 5-12 years? \_\_ \_\_

teenagers aged 13-18 years? \_\_ \_\_

Total: \_\_ \_\_

(NOTE: TOTAL SHOULD AGREE WITH Q. G4)

G6. What is the **highest** grade or **year** in school you have completed?

NO SCHOOLING.....00

ELEMENTARY/MIDDLE SCHOOL..01 02 03 04 05 06 07 08

HIGH SCHOOL/GED.....09 10 11 12

UNIVERSITY/COLLEGE.....13 14 15 16

POST GRADUATE.....17 plus years

G7. Have you ever had technical/vocational training?

YES.....1

NO.....2

G8. Are you currently employed outside of the home?

YES.....1

NO.....2 **6** SKIP to Q. G11

G9. Are you employed

part-time.....1

Or full time? .....2

G10. What are your **duties** in your job? (**PROBE**)

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G11. Do you participate in WIC?

YES.....1

NO.....2

G12. Do you participate in the Commodity Supplemental Food Program?

YES.....1

NO.....2

G13. Do you get food stamps?

YES.....1

NO.....2

G14. Did you or anyone in your household receive income during the past 12 months from...

	YES	NO
a) unemployment or worker's compensation	1	2
b) Supplemental Security Income (SSI)	1	2
c) Aid to Families with Dependent Children (AFDC)	1	2
d) welfare	1	2
e) child support	1	2
g) wages or salary	1	2
h) other sources of income?	1	2

Please specify: \_\_\_\_\_  
\_\_\_\_\_

G15. Please look at **Showcard Number 8**, and tell me the letter that matches your total household income from all of the sources we just talked about. Please include your income and the income for **all** the other people in your household who share expenses. You can tell me either weekly, monthly, or yearly, which ever is easiest for you.

YEARLY	MONTHLY	WEEKLY
Under \$5,000 . . . . .	\$.4 to \$417 . . . . .	\$1 to \$96 . . . . .02
\$5,000 to \$6,999 . . . . .	\$.418 to \$581 . . . . .	\$97 to \$134 . . . . .03
\$7,000 to \$8,999 . . . . .	\$.418 to \$581 . . . . .	\$135 to \$173 . . . . .04
\$9,000 to \$11,999 . . . . .	\$.582 to \$996 . . . . .	\$174 to \$230 . . . . .05
\$12,000 to \$14,999 . . . . .	\$.997 to \$1,248 . . . . .	\$231 to \$288 . . . . .06
\$15,000 to \$19,999 . . . . .	\$.1,249 to \$1,661 . . . . .	\$289 to \$384 . . . . .07
\$20,000 to \$24,999 . . . . .	\$.1,662 to \$2,076 . . . . .	\$385 to \$480 . . . . .08
\$25,000 to \$29,999 . . . . .	\$.2,077 to \$2,490 . . . . .	\$481 to \$576 . . . . .09
\$30,000 to \$39,999 . . . . .	\$.2,491 to \$3,324 . . . . .	\$577 to \$769 . . . . .10
\$40,000 to \$40,999 . . . . .	\$.3,325 to \$4,166 . . . . .	\$770 to \$961 . . . . .11
\$50,000 or More . . . . .	\$.4,167 or More . . . . .	More than \$962 . . . . .12
No personal earnings . . . . .	No personal earnings . . . . .	No personal earnings . . . . .97
DON'T KNOW . . . . .		. . . . .98
REFUSED . . . . .		. . . . .99

G16. How did/will you pay for prenatal care?  
(CIRCLE ALL THAT APPLY)

MEDICAID.....1  
PRIVATE INSURANCE.....2  
SELF-PAY.....3  
OTHER .....4

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(SPECIFY)

G17. How will/did you pay for your delivery?  
(CIRCLE ALL THAT APPLY)

MEDICAID.....1

PRIVATE INSURANCE.....2

SELF-PAY.....3

OTHER .....4

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(SPECIFY)

Those are all the questions I have for you. Thank you for all of your help.

**PART H. INTERVIEWER COMMENTS**

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